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CONFIRMATION NO. 4381

SERIAL NUMBER 10/008,354	FILING OR 371(c) DATE 11/07/2001 RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. 279.373US1
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APPLICANTS
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**** CONTINUING DATA *******

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
 01/02/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY MN	SHEETS DRAWING 9	TOTAL CLAIMS 46	INDEPENDENT CLAIMS 4
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ADDRESS
21186

TITLE
Centralized management system for programmable medical devices

FILING FEE RECEIVED 3072	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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